

**CONTRACT #13**  
**RFS # 317.04-003**

**Department of Finance &  
Administration  
Insurance Administration**

**VENDOR:**  
**The Medstat Group, Inc.**



RECEIVED  
APR 17 2007  
FISCAL REVIEW

STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
INSURANCE ADMINISTRATION  
312 Eighth Avenue North  
Suite 2600 William R. Snodgrass Tennessee Tower  
Nashville, Tennessee 37243  
FAX (615) 253-8556

Dave Goetz  
COMMISSIONER

Richard Chapman  
EXECUTIVE DIRECTOR

**MEMORANDUM**

**To:** James White, Executive Director, Fiscal Review Committee

**From:** John G. Anderson, Director of Public Sector Plans

**Date:** April 17, 2007

**RE:** Amendment to Add Cover Tennessee Plans to The Medstat Group, Inc. contract

Please find attached a Non-Competitive Amendment request to add language to the existing contract with The Medstat Group, Inc. signed by Commissioner M. D. Goetz, Jr. The base contract and six prior amendments are included as is a draft of the amendment created to address the addition of the Cover Tennessee Plans (CoverTN, CoverKids, AccessTN and CoverRx) to the existing contract for health insurance data management information decision support services. The Medstat Group, Inc. currently provides for the plans administered by the Division of Insurance Administration for the State, Local Education and Local Government Insurance Committees.

Thank you for your consideration of this request.

# REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance &amp; Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS # 317.04-003

2) State Agency Name : F&amp;A – Insurance Administration

## EXISTING CONTRACT INFORMATION

3) Service Caption : Medical Claims decision support system; data storage and analysis

4) Contractor : The Medstat Group, Inc.

5) Contract # FA5114095

6) Contract Start Date : January 1, 1995

7) Current Contract End Date IF all Options to Extend the Contract are Exercised : December 31, 20088) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$4,450,000

## PROPOSED AMENDMENT INFORMATION

9) Proposed Amendment # 710) Proposed Amendment Effective Date : April 1, 2007  
(attached explanation required if date is < 60 days after F&A receipt)11) Proposed Contract End Date IF all Options to Extend the Contract are Exercised : December 31, 200812) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$4,790,000

13) Approval Criteria : (select one)

☒ use of Non-Competitive Negotiation is in the best interest of the state

☐ only one uniquely qualified service provider able to provide the service

14) Description of the Proposed Amendment Effects &amp; Any Additional Service :

This amendment will add the Cover Tennessee plans to the health insurance data management information decision support services Medstat currently provides for the plans administered by the Division of Insurance Administration for the State, Local Education and Local Government Insurance Committees.

15) Explanation of Need for the Proposed Amendment :

Cover Tennessee is comprised of three insurance plans (CoverTN, CoverKids and AccessTN) and a pharmacy assistance program. The Cover Tennessee plans need the same level of decision support services available through Medstat for the State sponsored plans in order to ensure program integrity and plan accountability. The implementation phase of the four plans is occurring and with an existing contract in place, it is to the State's advantage to add the Cover Tennessee Plans at this time. The current contract will terminate at the close of 2008, at which time a new RFP will be issued to secure a vendor for all the insurance plans, including the Cover Tennessee plans. This amendment allows for the data management services to occur within a much shorter timeframe and thereby provide the Office of Inspector General and the program directors with valuable information now.

16) Name & Address of Contractor's Current Principal Owner(s) :  
(not required if proposed contractor is a state education institution)

The MEDSTAT Group, Inc., 777 East Eisenhower Parkway, Ann Arbor, MI 48108

17) Documentation of Office for Information Resources Endorsement :  
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :  
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

19) Documentation of State Architect Endorsement :  
(required only if the subject service involves construction or real property related services)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

21) Justification for the Proposed Non-Competitive Amendment :

The State benefits from amending the existing contract in three ways.

First, it is less costly to add these services to the existing contract as the State will benefit from the existing system setup, current data feeds and contract terms for the health insurance decision support services Medstat currently provides for the plans administered by the Division of Insurance Administration. The State will not, therefore, incur initial set up fees and ongoing data transmission costs to the same extent as implementing a new contract with the current vendor or implementing a new system with a different vendor. Based on the vendor's cost estimates for adding the additional programs under the existing contract versus initiating a new contract the State will save an estimated (\$300,000) from the reduced fees made possible by amending the existing contract with Medstat.

Second, amending the current contract enables speed of implementation with a proven system. By adding the Cover Tennessee programs to the existing decision support vendor we are able to implement first quarter data feeds on each of the programs more quickly than if we had conducted a new competitive procurement.

Finally, if the State were to procure a different vendor for these services, the State would incur additional personnel expense in staffing and training on a new system and would likely have different reporting metrics than the public sector plans. The Division can leverage existing staff and staff expertise, thereby saving time and money by using the same vendor and vendor contract. The Division will also benefit from easy comparison of plan performance across all Division-managed insurance programs.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR—signature by an authorized signatory will be accepted only in documented exigent circumstances)

*M. J. Galt*

*4/16/07*

Agency Head Signature

Date



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
INSURANCE ADMINISTRATION  
312 Eighth Avenue North  
Suite 2600 William R. Snodgrass Tennessee Tower  
Nashville, Tennessee 37243  
FAX (615) 253-8556

Dave Goetz  
COMMISSIONER

Richard Chapman  
EXECUTIVE DIRECTOR

MEMORANDUM

To: Commissioner M. D. Goetz, Jr.

From: Laurie Lee *HL*

Date: April 16, 2007

Re: Contract Start Date

This is to request a start date for the amendment to the contract with The Medstat Group, Inc. for decision support services in advance of 60 days after receipt of the non-competitive amendment to this contract.

This contract amendment extends the services of The Medstat Group, Inc. for the Cover Tennessee products in addition to the work they currently provide to the State regarding the plans sponsored by the State, Local Education and Local Government Insurance Committees.

Given the recent awards for the implementation of these programs, dealing efficiently and effectively with all facets of implementation of the program is in the best interest of the State.

# CONTRACT SUMMARY SHEET

8-8-05

<b>RFS #</b> 317.04-003	<b>Contract #</b> FA5114095-
<b>State Agency</b>	<b>State Agency Division</b>
<b>F&amp;A</b>	<b>Insurance Administration</b>
<b>Contractor Name</b> The MEDSTAT Group, Inc.	<b>Contractor ID # (FEIN or SSN)</b> <input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 06-1467923

**Service Description**

Storage of healthcare data, for research and insurance plan management purposes. This amendment adds Cover Tennessee products to the existing contract and increases the maximum liability.

<b>Contract Begin Date</b> 1-1-95	<b>Contract End Date</b> 12-31-08	<b>SUBRECIPIENT or VENDOR?</b>	<b>CFDA #</b>
--------------------------------------	--------------------------------------	--------------------------------	---------------

**Mark, if Statement is TRUE**

<input checked="" type="checkbox"/> Contractor is on STARS as required	<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts as required
--	--

<b>Allotment Code</b> 317.04	<b>Cost Center</b> 993	<b>Object Code</b> 083	<b>Fund</b> 11	<b>Funding Grant Code</b>	<b>Funding Subgrant Code</b>
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
1995-2006			3,400,000		3,400,000
2007			480,000		480,000
2008			470,000		470,000
2009			440,000		440,000
<b>TOTAL</b>			4,790,000		4,790,000

— COMPLETE FOR AMENDMENTS ONLY —			State Agency Fiscal Contact & Telephone #
<b>FY</b>	<b>Base Contract &amp; Prior Amendments</b>	<b>THIS Amendment ONLY</b>	Maureen Abbey 20 <sup>th</sup> Floor, Snodgrass TN Tower Nashville, TN 37243 741-6070
1995-2006	3,400,000		<b>State Agency Budget Officer Approval</b>  Funding Certification (certification required by T.C.A. § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
2007	360,000	120,000	
2008	360,000	110,000	
2009	330,000	110,000	
<b>TOTAL</b>	4,450,000	340,000	
<b>End Date:</b>	12-31-08	12-31-08	

**Contractor Ownership**

<input type="checkbox"/> African American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business	<input checked="" type="checkbox"/> NOT minority/disadvantaged
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> OTHER minority/disadvantaged—	

**Contractor Selection Method**

<input checked="" type="checkbox"/> Original: RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method
<input checked="" type="checkbox"/> This amdt: Non-Competitive Negotiation	<input type="checkbox"/> Government	<input type="checkbox"/> Other

**Procurement Process Summary**

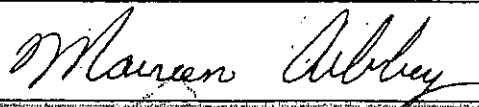
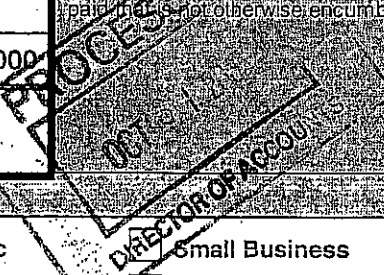
Please see attached documentation, detailing justification.

# CONTRACT SUMMARY SHEET

8-8-

RFS #			Contract #		
317.04-003			FA51140986		
State Agency			State Agency Division		
F&A			Insurance Administration		
Contractor Name			Contractor ID # (FEIN or SSN)		
The MEDSTAT Group, Inc.			<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 06-1467923		
Service Description					
Storage of healthcare data, for research and insurance plan management purposes. This amendment extends the contract through December 31, 2008; increases the maximum liability. F:\Contracts\VENDORS\MEDSTAT\SUMMARYsummary (1-1-2006).doc					
Contract Begin Date		Contract End Date		SUBRECIPIENT or VENDOR?	
1-1-95		12-31-08			
Mark, if Statement is TRUE					
<input checked="" type="checkbox"/> Contractor is on STARS as required			<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts as required		
Allotment Code		Cost Center		Object Code	
317.04		993		083	
Fund		Funding Grant Code		Funding Subgrant Code	
11					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
1995-2006			3,400,000		3,400,000
2007			360,000		360,000
2008			360,000		360,000
2009			330,000		330,000
TOTAL			4,450,000		4,450,000

COMPLETE FOR AMENDMENTS ONLY			State Agency Fiscal Contact & Telephone #		
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Maureen Abbey 20 <sup>th</sup> Floor, Snodgrass TN Tower Nashville, TN 37243 741-6070		
1995-2006	3,400,000		State Agency Budget Officer Approval		
2007		360,000	 9-28-05		
2008		360,000			
2009		330,000			
TOTAL	3,400,000	1,050,000	Funding Certification (certification required by T.C.A. § 9-4-5113 that there is a balance in the appropriation from which the obligated expenditure is required to be paid and is not otherwise encumbered to pay obligations previously incurred)		
End Date	12-31-05	12-31-08			

Contractor Ownership					
<input type="checkbox"/> African American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business	<input checked="" type="checkbox"/> NOT minority/disadvantaged	
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> OTHER minority/disadvantaged		
Contractor Selection Method					
<input checked="" type="checkbox"/> Original: RFP		<input type="checkbox"/> Competitive Negotiation		<input type="checkbox"/> Alternative Competitive Method	
<input checked="" type="checkbox"/> This amdt: Non-Competitive Negotiation		<input type="checkbox"/> Government		<input type="checkbox"/> Other	
Procurement Process Summary					
Please see attached documentation, detailing justification.					





**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE  
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8<sup>th</sup> Floor  
NASHVILLE, TENNESSEE 37243-0057  
615-741-2564

**Rep. Charles Curtiss, Chairman**  
Representatives

Harry Brooks      Mary Pruitt  
Curt Cobb          Donna Rowland  
Bill Dunn          David Shepard  
Dennis Ferguson    Curry Todd  
Craig Fitzhugh, *ex officio*  
Speaker Jimmy Naifeh, *ex officio*

**Sen. Don McLeary, Vice-Chairman**  
Senators

Mae Beavers      David Fowler  
Jim Bryson        Steve Southerland  
Steve Cohen  
Douglas Henry, *ex officio*  
Lt. Governor John S. Wilder, *ex officio*

**MEMORANDUM**

**TO:**            The Honorable Dave Goetz, Commissioner  
Department of Finance and Administration

**FROM:**        Charles Curtiss, Chairman  
Don McLeary, Vice-Chairman

**DATE:**        September 15, 2005

**SUBJECT:**     **Contract Comments**  
(Contract Services Subcommittee Meeting 9/14/05)

**RFS# 317.04-003**

**Department: Finance & Administration/Insurance Administration**

**Contractor: Medstat Group**

**Summary:** The current contract provides Internet access through standard and custom designed programs to 36 months of health claims data for all of the state health plan options and provides the necessary detail to support analytical activity and complex decision-making through a claims analysis system. This amendment extends the current contract through December 31, 2008, provides for an annual performance review, and increases the maximum liability by \$1,050,000.

**Original maximum liability: \$3,400,000**

**Maximum liability with amendment: \$4,450,000**

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Richard Chapman, Director, Insurance Administration  
Robert Barlow, Director, Office of Contracts Review

# CONTRACT SUMMARY SHEET

RF# Number: <b>317.04-003 REVISION 3-2-04</b>		Contract Number: <b>FA5114095</b>	
State Agency: <b>F&amp;A</b>		Division: <b>Insurance Administration</b>	
Contractor: <b>The MEDSTAT Group, Inc.</b>		Contractor Identification Number: <b>06-1467923</b>	
<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-			
Service Description: <b>Storage of healthcare data, for research and insurance plan management purposes. THIS REVISION CHANGES THE COST CENTER ONLY. pch</b>			
Contract Begin Date: <b>1-1-95</b>		Contract End Date: <b>12-31-05</b>	
Allotment Code: <b>317.04</b>	Cost Center: <b>440 993</b>	Object Code: <b>083</b>	Fund: <b>11</b>
		Grant: <input type="checkbox"/> on STARS	
		Grant Code: <b></b>	
		Subgrant Code: <b></b>	
FY	State Funds	Federal Funds	Interdepartmental Funds
1995-2002			2,260,000
2003			140,000
2004			750,000
2005			200,000
2006			50,000
Total			3,400,000
CFDA#		Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name: <b>Mike Morrow</b>		Is the Contractor a VENDOR? (per OMB A-133)	
Address: <b>20<sup>th</sup> Floor, Snodgrass TN Tower</b>		Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone: <b>Nashville, TN 37243</b>		Is the Contractor on STARS?	
741-0300		Is the Contractor's FORM W-9 ATTACHED?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE →			
FY: 1995-2002			
FY: 2003			
FY: 2004			
FY: 2005			
FY: 2006			
Total			

MAR - 9 2004

RECEIVED

MAR 02 2004

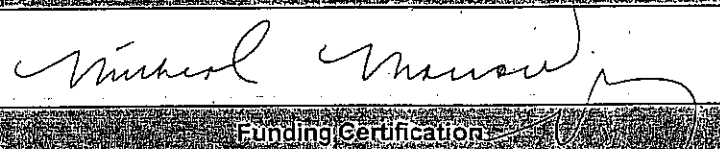
RECEIVED

APR 14 2004

Office of Contracts Review

FINANCE & ADMINISTRATION  
FINANCE ADMINISTRATION

CONTRACT SUMMARY SHEET									
RF# Number:		317.04-003			Contract Number:		FA5114095 -05		
State Agency:		F&A			Division:		Insurance Administration		
Contractor:					Contractor Identification Number:				
The MEDSTAT Group, Inc.					<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-		06-1467923		
Service Description:									
Storage of healthcare data, for research and insurance plan management purposes.									
Contract Begin Date:					Contract End Date:				
1-1-95					12-31-05				
Allotment Code:		Cost Center:		Object Code:		Fund:		Grant:	
317.04		110		083		11		<input type="checkbox"/> on STARS	
Grant Code:		Subgrant Code:							
FY:		State Funds:		Federal Funds:		Interdepartmental Funds:		Other Funding:	
1995-2002						2,260,000			
2003						140,000			
2004						750,000			
2005						200,000			
2006						50,000			
Total:						3,400,000		3,400,000	
CFDA #					Check the box ONLY if the answer is YES				
State Fiscal Contact:					Is the Contractor a SUBRECIPIENT? (per OMB A-133)				
Name: Mike Morrow					Is the Contractor a VENDOR? (per OMB A-133)				
Address: 20 <sup>th</sup> Floor, Snodgrass TN Tower,					Is the Fiscal Year Funding STRICTLY LIMITED?				
Phone: Nashville, TN 37243					Is the Contractor on STARS?				
741-0300					Is the Contractor's FORM W-9 ATTACHED?				
Procuring Agency Budget Officer Approval Signature:					Is the Contractor's Form W-9 Filled with Accounts?				
<i>Michael Morrow/gas</i>									
COMPLETE FOR ALL AMENDMENTS (only)					Funding Certification				
Base Contract & Prior Amendments:		This Amendment ONLY			Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.				
END DATE →									
FY: 1995-2002									
FY: 2003									
FY: 2004									
FY: 2005									
FY: 2006					COPIES FOR THE OFFICE OF MANAGEMENT SERVICES 10/1/01 23 14 3 21				
Total:									

Contract Number: <b>FA95-11409</b>		State Agency: <b>Final &amp; Administration</b>	
RFS Number: <b>317.04-003</b>		Division: <b>Insurance Administration</b>	
Contractor: <b>The MEDSTAT Group, Inc.</b>		Vendor ID Number: <b>06-1467923</b>	
Service Description: <b>Storage of healthcare data, for research and Plan management purposes.</b>			
Contract Begin Date: <b>1-1-95</b>		Contract End Date: <b>12-31-2002</b>	
Allotment Code: <b>317.04</b>	Cost Center: <b>110</b>	Object Code: <b>083</b>	Fund: <b>11</b>
		Grant: <input type="checkbox"/> on STARS	
Grant Code: <b>11</b>	Subgrant Code:		
FY	State Funds	Federal Funds	Interdepartmental Funds
1995-99			1,148,000
2000			362,000
2001			400,000
2002			350,000
2003			140,000
Total			2,400,000
<input type="checkbox"/> Fiscal Year Funding Is Strictly Limited		CFDA Number:	
<input checked="" type="checkbox"/> Contractor is on STARS		State Fiscal Contact:	
<input checked="" type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached		Name: <b>Mike Morrow</b> Address: <b>21st Floor Tennessee Tower</b> Phone: <b>312 8th Avenue North</b> <b>Nashville, TN</b> <b>741-0300</b>	
<input checked="" type="checkbox"/> Service Provider Registered with F&A		Procuring Agency Budget Officer Approval Signature:	
<input type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)			
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date:	12-31-2000	12-31-2002	
FY 1995-99	1,148,000		
FY 2000	362,000		
FY 2001	200,000	200,000	
FY 2002		350,000	
FY 2003		140,000	
Total	1,710,000	690,000	
			OCR Use Only

RECEIVED  
2000 DEC 27 PM 2:24  
COMPTROLLER'S OFFICE  
OF  
MANAGEMENT SERVICES

RECEIVED

DEC 8 - 2000

DIRECTOR OF ACCOUNTS

# CONTRACT SUMMARY SHEET

Contract Number	FA-95-14409 <b>3-5114/095-03</b>	State Agency	Finance & Administration
	<b>FA-95-11409</b>	Division	Insurance Administration

Contractor	Vendor ID Number
The MedStat Group, Inc.	<input checked="" type="checkbox"/> V <input type="checkbox"/> C         06-1467923

Service Description	
Management of healthcare data for enrollees in the State Basic Plan (PPO) and the Self-Insured HMOs.	
Contract Begin Date	Contract End Date
1-1-95	12-31-2000

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.04	110	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
95-97			638,000		638,000
1998			250,000		250,000
1999			260,000		260,000
2000			362,000		362,000
2001			200,000		200,000
<b>Total</b>			<b>1,710,000.00</b>		<b>1,710,000.00</b>

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	
<input checked="" type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR	Name	John Anderson
<input checked="" type="checkbox"/>	Form W-9 Attached	Address	14 <sup>th</sup> Floor, Andrew Jackson Bldg.
		Phone	Nashville, TN 741-8642
<input checked="" type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date	12-31-99	12-31-2000
FY 95-97	638,000	
FY 1998	250,000	
FY 1999	260,000	
FY 2000	62,000	300,000
FY 2001		200,000
<b>Total</b>	<b>1,210,000</b>	<b>500,000</b>

**Funding Certification**

Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

OCH Use Only

FEB 8 2000

COMPTROLLER OF THE TREASURY

# CONTRACT SUMMARY SHEET

<input type="checkbox"/> NEW CONTRACT <input checked="" type="checkbox"/> AMENDMENT #2		<input checked="" type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL		CONTRACT NUMBER <p style="text-align: center;"><b>FA-5-11409-8-02</b></p>		RFS NUMBER <p style="text-align: center; font-size: 1.2em;">317.04-003</p>	
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): <input type="checkbox"/> GRANTEE: <p style="text-align: center;"><b>The MedStat Group, Inc.</b></p>				VENDOR I.D. NUMBER: <input checked="" type="checkbox"/> V <input type="checkbox"/> C <b>382356664-00</b>			
STATE AGENCY: <b>F&amp;A</b>				DIVISION: <b>DIA</b>			
PROGRAM CONTACT: <b>Paul Hauser</b> FLOOR(SUITE)/BLDG.: <b>1400 Andrew Jackson Bldg.</b> TELEPHONE: <b>741-9896</b>				FISCAL CONTACT: <b>Glen Gill FHFMA, CMPA, CMCP, MHA</b> FLOOR(SUITE)/BLDG.: <b>1400 Andrew Jackson Bldg.</b> TELEPHONE: <b>741-8650</b>			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CFDA NUMBER
<b>11</b>	<b>110</b>	<b>083</b>	<b>11</b>	<input type="checkbox"/> Yes			
BEGINNING DATE: <b>1/1/95</b>				TERMINATION DATE: <b>12/31/99</b>			

## ESTIMATED EXPENDITURES BY FISCAL YEAR BY FUNDING SOURCE:

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
95-6			<b>\$400,000.00</b>		<b>\$400,000.00</b>
1997			<b>\$238,000.00</b>		<b>\$238,000.00</b>
1998			<b>\$250,000.00</b>		<b>\$250,000.00</b>
1999			<b>\$260,000.00</b>		<b>\$260,000.00</b>
2000			<b>\$62,000.00</b>		<b>\$62,000.00</b>
TOTAL	<b>\$1,210,000.00</b>		<b>\$1,210,000.00</b>		<b>\$1,210,000.00</b>

## CONTRACT SCOPE / SERVICE DESCRIPTION:

Management of healthcare data for enrollees in the State Basic Plan (PPO) and the HealthSource HMOs.  
 File name: MEDSUMRY.DOC

## CHECK ONE FOR EACH CATEGORY:

<input type="checkbox"/> FISCAL YEAR FUNDING IS STRICTLY LIMITED. <input checked="" type="checkbox"/> FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.
<input checked="" type="checkbox"/> VENDOR IS ALREADY SET UP IN STARS ON ACH. <input type="checkbox"/> VENDOR ACH FORM IS ATTACHED.
<input checked="" type="checkbox"/> CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS. <input type="checkbox"/> A FORM W-9 IS ATTACHED.

## APPROVED BY FISCAL OFFICER:

## COMPLETE FOR AMENDMENTS ONLY:

<div style="text-align: center;">           SIGNATURE _____          DATE <b>2/27/98</b> </div>	ORIGINAL CONTRACT AND PRIOR AMENDMENTS TERMINATION DATE: <b>12-31-99</b>	THIS AMENDMENT TERMINATION DATE: <b>12-31-99</b>
<b>OCA USE ONLY</b> RELEASED TO ACCOUNTS DIVISION <b>FEB 27 1998</b> BY OFFICE OF CONTRACTS REVIEW	FY / FUNDING:	
	<b>95-6</b>	<b>\$400,000.00</b>
	<b>1997</b>	<b>\$238,000.00</b>
	<b>1998</b>	<b>\$250,000.00</b>
	<b>1999</b>	<b>\$260,000.00</b>
	<b>2000</b>	<b>\$27,000.00</b>
	<b>TOTAL:</b>	<b>\$1,175,000.00</b>

PROCESSED  
 MAR - 3 1998  
 OFFICE OF ACCOUNTS



# C N. ACT SUMMARY SHEET

<input type="checkbox"/> NEW CONTRACT <input checked="" type="checkbox"/> AMENDMENT #1		<input checked="" type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL		CONTRACT NUMBER <div style="text-align: center; font-weight: bold;">5-11409-7-01</div>		RFS NUMBER <div style="text-align: center; font-size: 1.5em;">317.04-003</div>	
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): <input type="checkbox"/> GRANTEE: <div style="text-align: center; font-weight: bold;">The MedStat Group, Inc.</div>				VENDOR I.D. NUMBER: <input checked="" type="checkbox"/> V <input type="checkbox"/> C <b>382356664-00</b>			
STATE AGENCY: <b>F &amp; A</b>				DIVISION: <b>DIA</b>			
PROGRAM CONTACT: <b>Glen Gill FHFMA, CMPA, CMCP, MHA</b> FLOOR(SUITE)/BLDG.: <b>1400 Andrew Jackson Bldg.</b> TELEPHONE: <b>741-8650</b>				FISCAL CONTACT: <b>Glen Gill FHFMA, CMPA, CMCP, MHA</b> FLOOR(SUITE)/BLDG.: <b>1400 Andrew Jackson Bldg.</b> TELEPHONE: <b>741-8650</b>			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CFDA NUMBER
11	110	083	55	<input type="checkbox"/> Yes			
BEGINNING DATE: <b>1/1/95</b>				TERMINATION DATE: <b>12/31/99</b>			

## ESTIMATED EXPENDITURES BY FISCAL YEAR BY FUNDING SOURCE

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
1995			\$200,000.00		\$200,000.00
1996			\$200,000.00		\$200,000.00
1997			\$238,000.00		\$238,000.00
1998			\$250,000.00		\$250,000.00
1999			\$260,000.00		\$260,000.00
2000			\$27,000.00		\$27,000.00

CONTRACT SCOPE / SERVICE DESCRIPTION: **TOTAL \$1,175,000.00**

Health Data Mgt. For members in State Basic Plan & HealthSource

## CHECK ONE FOR EACH CATEGORY:

<input type="checkbox"/> FISCAL YEAR FUNDING IS STRICTLY LIMITED. <input checked="" type="checkbox"/> FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.
<input checked="" type="checkbox"/> VENDOR IS ALREADY SET UP IN STARS ON ACH. <input type="checkbox"/> VENDOR ACH FORM IS ATTACHED.
<input checked="" type="checkbox"/> CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS. <input type="checkbox"/> A FORM W-9 IS ATTACHED.

## APPROVED BY FISCAL OFFICER:

## COMPLETE FOR AMENDMENTS ONLY:

<div style="font-size: 1.5em; font-family: cursive;">[Signature]</div> SIGNATURE	<div style="font-size: 1.5em;">3/12/97</div> DATE	ORIGINAL CONTRACT AND PRIOR AMENDMENTS	THIS AMENDMENT	
		TERMINATION DATE: <b>12/31/97</b>		
<b>OCA USE ONLY:</b>		FY / FUNDING:		
		1995	\$200,000.00	\$200,000.00
		1996	\$200,000.00	\$200,000.00
		1997	\$200,000.00	\$238,000.00
		1998	\$200,000.00	\$250,000.00
		1999	\$ 0.00	\$260,000.00
		2000	\$ 0.00	\$27,000.00

TOTAL

\$800,000.00

\$1,175,000.00

